

Well Construction Permit Application

Torm #025

For use by DERM personal only		N. D. DE COUNTY		FEE SCHEDULE - Eff. Public Supply Less	10/1/2002 \$110.00
For use by DERM personnel only	DEPT. OF ENVIRO	N DADE COUNTY NMENTAL RE		than six (6) inches	
Date:			UITE 5	Public Supplies six (6) Inches or greater	\$85.00
Permit No	33 S.W. 2 AVENU			Non-Public supply six (6)	\$45.00
Well #	MIAMI, FLORIDA PHONE;	(305) 372-6789		inches or greater Abandonments	No Fee
APPLICATION TO DEPARTMENT	OF ENVIRONMENTAL RESOURCES	MGMT. FOR: () New 1	Well Construction () Well Abandonment ()	Repair
WATER USE PERMIT) Request	submitted concurrently;) Perr	nit granted: Permit N	O		
PROJECT NAME		COUN	TY		
LOCATE WELL ON BACK OF FORM	`.	•			
		CONS	SULTING ENGIN	ER OR GEOLOGIST	
NAME		NAME			
ADDRESS	:	ADDRESS			
CITYSTATE	ZIP	CITY	STA	TE ZIP	
NAME	section that the second section is a second section of the second section sect				
WELL CONTRA					
NAME			AUTHORIZE	UAGENI	
ADDRESS		NAME			
CITYSTATE	71P	ADDRESS		TE ZIP	
DUIONE ()		CITY	STA	TEZIP	
LICENSE NUMBER		PHONE ()_			
WELL USE: () Fire Well () Publi () Industrial () Othe	r				
NOTE: For PWS attach SFWMD Fo	rm 0248 and 4 copies of site	plan. Well locati	ion must be stak	ed.	
CONSTRUCTION SPECIFICATIONS	<u>'</u>				
Rotary with MUD () or Air (), Casing Driv	ven (), Cable Tool (), Jetting () (Other		Borehole	diameter,
Surface or outside casing will be*(i	n) diameter x'(ft) depth. G	outed bottom to top (() Bottom 5, Top 2)()Top 3() with	# of bags
Single or inside casing will be "(i	n) diameter x (ft) depth. G	routed bottom to top (() Bottom 5, Top 20)()Top 3() with	# of bags
Grout composition with % additives:	Total dep	th of well'(ft). Open hole from _	(ft) to _	' (ft).
Screen s.steel () PVC () Fiberglass (), slo Screened from (ft) to	(ft) Gravel packed to	· (fi	t) above screen.		
Casing Material: PVC() Schedule #		Steel()Galv()	lbs/ft Oth	er	
ANTICIPATED START DATE	IDOMASMIT				
METHOD OF PLUGGING OR ABAN	IDOMMENI				
DESCRIPTION OF WELL REPAIR					
I HEREBY CERTIFY THAT THE CO	NSTRUCTION ARANDONM	ENT OR REPAIR O	E THE WELL W	LL COMPLY WITH T	HE RULE
OF THE SOUTH FLORIDA WATE	R MANAGEMENT DISTRIC	LAND DADE COL	UNTY WILL NO	T ADVERSELY AF	FECT TH
WATER RESOURCES, AND THAT	A WATER LISE PERMIT IF	FEDED HAS OR V	WILL BE OBTAIN	ED FOR THIS PROJ	CT PRIO
TO COMMENCEMENT OF WELL	ONSTRUCTION LEURTHER	AGREE TO PROV	IDE A WELL COI	APLETION REPORT	ro souti
FLORIDA WATER MANAGEMENT	DISTRICT WITHIN 30 DAY	FROM COMPLET	TION OF THE W	LL. ISSUANCE OF	A PERMI
PURSUANT TO THIS APPLICATION	ON DOES NOT RELIEVE T	HE APPLICANT C	OF THE RESPON	ISIBILITY TO ACQU	JIRE AN'
NECESSARY APPROVALS FROM A	NY OTHER FEDERAL STATE	OR LOCAL GOVE	ERNMENT AGEN	CIES.	
SICALATURE OF CHARLES OR A	ITHORIZED ACENT	<u> </u>	NTRACTOR'S SIGNA	TUŘE	
SIGNATURE OF OWNER OR AI	JI NUKILEU AUENI	COF	TIME ION 3 JIGHA		
DATE		DATE			
DAIL					(over)

Signature of authorized county representative Permit valid for six months (6) from this date

NV	V1/4	SECTION MAP		NE1/4		
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S	W1/4			SE1/4		
	70.00					
1P SPECIFICA Type		CapacityG	PM, Pump Size	H.P. Intake	Depth	_Ft (from ground)
CTED USAGE:_		Gallons per day				
LL LOCATI			di di stanco to	Navally :		
1/4	·		ads with distance to /P S; RG			
1/4	1/4 SE	100	3, 10			
TITUDE			ITUDE			
-	e nearest second	1)				
har Coordi				N.		
d distance i	rate map in se n feet from k ELOW THIS UNI	nown landmark	owing property cs. Scale: 1" = 1 IIT ACTION	boundaries, we 1,100' (approx.)	II location,	nearby road
rmit Rejected) Reason					
mit Granted () Conditions or					يدفيد والمتفاقي فيستمين
II Cuttings Re	quired: () No	() Yes				

Application fee received \$